



**STATE OF NEBRASKA
ABSTRACTERS BOARD OF EXAMINERS**

P.O. Box 94944
1200 'N' Street, Suite 404
Lincoln, NE 68509
Telephone (402) 471-2383
Fax (402) 471-6575

Exam Date: _____

Certificate # _____

Date Granted: _____

Application for Certificate of Registration As An Abstracter

76-542. Any person desiring to become a registered abstracter shall file an application for registration with the Board. Such applicant shall have reached the age of majority, shall not have been convicted of a felony, and shall have at least one year of verified land title-related experience satisfactory to the Board. Each applicant for registration shall take the written examination prescribed by Section 76-543.

This form is for the use of an individual and must be personally prepared by the applicant. Every question must be answered or application will be returned for completion. **Please print in ink or use a typewriter in completing this Application.** If additional space is needed in answering any question, use a separate sheet of paper and indicate the number of the question to which the information applies. Return completed Application and all fees to the Abstracters Board of Examiners.

**APPLICATION FEE — \$115
EXAMINATION FEE — \$50.00
(Fees Not Refundable)**

A RECENT PASSPORT TYPE PHOTO MUST ACCOMPANY THIS APPLICATION.

In compliance with the provisions of the Nebraska Abstracters Act, I hereby make application for a license authorizing me to engage in the business of Abstracting, and in support of this Application make the following statements:

1. Name (Last, First, Middle)				Social Security Number	
2. Residence Address		County	City	State	Zip Code
3. Telephone/Area Code			E-Mail		
4. Business Name (Name of Holder of Certificate of Authority)				Certificate of Authority Number	
5. Business Address		County	City	State	Zip Code
6. Telephone/Area Code	Fax/Area Code		Cell/Area Code		E-Mail
7. Date of Birth			Place of Birth		
8. Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO					
9. Are you a resident of Nebraska? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number of years: _____					
10. What Legislative District do you live in: _____					